

# Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

STONEHAM TOWN CLERK GEGISTRARS

of Massachusetts	File with: City of Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date: Feb	1, 2019 Ending Date: Mar 25, 2019
Type of Report: (Check one)	
☐ 8th day preceding preliminary	30 day after election year-end report dissolution
HEIDI BILBO	THE COMMITTEE TO ELECT HEIDI BILBO
Candidate Full Name (if applicable)  STONEHAM SELECT BOARD	Committee Name PAUL BILBO
Office Sought and District  16 DAPPER DARBY DRIVE, STONEHAM MA 02180	Name of Committee Treasurer  16 DAPPER DARBY DRIVE, STONEHAM MA 02180
Residential Address E-mail: THEBILBOS@YAHOO.COM	Committee Mailing Address  E-mail: THEBILBOS@YAHOO.COM
Phone # (optional): (781) 279-2382	Phone # (optional):
SUMMARY BALANC	CF INFORMATION:
Line 1: Ending Balance from previous report	,0
Line 2: Total receipts this period (page 3, line 11	3365.00
Line 3: Subtotal (line 1 plus line 2)	2365.00 2365.00
Line 4: Total expenditures this period (page 5, lin	ne 14) 3353, 54
Line 5: Ending Balance (line 3 minus line 4)	111.44
<b>Line 6:</b> Total in-kind contributions this period (p	page 6) D. DO
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used: 5ALEM	FIVE
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	oox only)
Condidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period.
Candidate without Committee OR Candidate with independent activity filing s  I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ne best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the his committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/35/19

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### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/1/2019	HEIDI BILBO 16 Dapper Darby Dr. Stoneham, MA 02180	150	(101 CONTRIBUTIONS OF \$200 OF MOTE)
2/27/2019	MARTHA PANTHER BUCKLEY 6 Carmen Ave. Stoneham, MA 02180	50	
2/27/2019	JEANNE CRAIGIE 40 Main St, Unit 508 Stoneham, MA 02180	100	
3/24/2019	BRIAN DOMORETSKY 23 Winthrop St Stoneham MA 02180	50	
2/27/2019	KATHY HENNESY 9 DRUMMONDED STDNEHHAM, MA DZIBD	80	
2/27/2019	CHARLIE & MAUREEN HOUGHTON 15 Kimball Dr. Stoneham, MA 02180	200	ATTORNEY-SELF
3/14/2019	KATHERINE JORDAN 99 Belmont St. Reading MA 01867	250	PRESIDENT SCOPE MEDICAL
3/13/2019	KELLY LIVING TRUST 6 George St. Stoneham MA 02180	50	
2/27/2019	PATRICIA KILTY 104 Hill St. #4 Stoneham MA 02180	100	
3/4/2019	DAVE KURDZIONAK 6 Congress St. Stoneham, MA 02180	50	
2/1/2019	"SUSAN LIPPMAN 23 Fairview Rd. Stoneham, MA 02180"	50	
2/27/2019	ELLEN McBRIDE 30 Butler Ave.S toneham, MA 02180	100	
Line 9: Total Recei	ipts over \$50 (or listed above)	1330	
Line 10: Total Rece	sipts \$50 and under* (not listed above)	95	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	1315	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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# SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address	Amorat	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(lor contributions of \$250 or Mers)
/27/2019	WILLIAM McCABE 24 Stevens St. Stoneham, MA 02180	100	
2/27/2019	AUGUSTUS NIEWENHOUS 6 Valdora Dr. Stoneham, MA 02180	50	
2/27/2019	CAROL O'LOUGHLIN 12 Mt. Vernon St. Stoneham, MA 02180	50	
2/27/2019	JAMES PARKER 42 Bonad Rd. Stoneham, MA 02180	50	
3/13/2019	MAUREEN PARKER 15 Bonad Rd. Stoneham MA 02180	. 50	
3/25/2019	KIMBERLY PLOURDE 11 George St. Stoneham MA 02180	100	
2/27/2019	REBECCA POULIOT 1166 Franklin St. Stoneham, MA 02180	100	
2/27/2019	WENDY SMITH 132 Park St. Stoneham, MA 02180	125	
2/27/2019	ANTHONY WILSON 181 Central St. Stoneham, MA 02180"	+ 75	
3/37/201	COMMITTEE TO ELECT SHELLY MACNEILL CHAPPAIEN ACCOUNT	100	
3/13/19	CAMMITTEE TO ELECT RAYMIE PARKER	100	
3/13/19	KERLY LIVING TRUST IGAZL KELLY) 6 GEVEGE ST, STONEHAM	50	
Line 9: Total Re	ceipts over \$50 (or listed above)	950	
Line 10: Total Ro	eceipts \$50 and under* (not listed above)	100	
Tine 11. TOTA	L RECEIPTS IN THE PERIOD	1050	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/19/2019	CONNOLLY PRINTING	178 GILL ST. WOBURN MA 01801	YARD SIGNS	1,871.06
3/13/2019	CONNOLLY PRINTING	178 GILL ST. WOBURN MA 01801	DEAR FRIEND CARDS	382.5
THEORET				
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		Line 12: Total Expenditures	over \$50 (or listed above)	2353.5
		Line 13: Total Expenditures \$	50 and under* (not listed above)	4
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	2353.50

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

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### **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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# Form CPF M 102: Campaign Finance Report

# Municipal Form

Office of Campaign and Political Finance

STONEHAM FOWN CLERK REGISTRARS

File with: City of Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Mar 2	26, 2019 Ending Date: Apr 30, 2019				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election				
HEIDI BILBO	THE COMMITTEE TO ELECT HEIDI BILBO				
Candidate Full Name (if applicable) STONEHAM SELECT BOARD	Committee Name PAUL BILBO				
Office Sought and District	Name of Committee Treasurer				
16 DAPPER DARBY DRIVE, STONEHAM MA 02180	16 DAPPER DARBY DRIVE, STONEHAM MA 02180				
Residential Address	Committee Mailing Address				
E-mail: THEBILBOS@YAHOO.COM	E-mail: THEBILBOS@YAHOO.COM				
Phone # (optional): (781) 279-2382	Phone # (optional):				
CHIRADA ANY DAY ANG	DE ENTECODA A PRODU				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	111.44				
Line 2: Total receipts this period (page 3, line 11)	100				
Line 3: Subtotal (line 1 plus line 2)	211.44				
Line 4: Total expenditures this period (page 5, lin	ne 14) 0				
Line 5: Ending Balance (line 3 minus line 4)	211.44				
Line 6: Total in-kind contributions this period (pa	age 6) 0				
Line 7: Total (all) outstanding liabilities (page 7)	0				
Line 8: Name of bank(s) used: SALEM FIVE					
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  (Treasurer's signature)  Date: 4/30/2019					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.					
Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:	(Candidate's signature) Date: 4/30/2019				

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/31/2019	COMMITTEE TO ELECT AGUST NIEWENHOUS 3 ALBION AVE, STONEHAM MA 02180	100	
		Personal and a second s	
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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Line 9: Total Receir	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)	F	
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2 Id include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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Newscole (Street Control of Contr		Line 12: Total Evnanditures of	ver \$50 (or listed above)	
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

### **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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				Contract to the Additional Contr
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***************************************		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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				700000000000000000000000000000000000000
	<del></del>	Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. Page 6

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	0